



CALIFORNIA DEPARTMENT OF REHABILITATION FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES SUMMER TRAINING AND EMPLOYMENT PROGRAM FOR STUDENTS (STEPS) 2021 PROJECT PROPOSAL NARRATIVE AND BUDGET WORKSHEET

rganization (Applicant) Name:	
ddress:	
esignated Contact Person and Title:	
hone:	
mail:	

NARRATIVE: Sections I-V (Limited to 5 page narrative with 1" margins, 12 point Calibri font, double-spaced and one-sided)

Section I. Statement of Need (5 Points)

Describe the need your organization has for the intended population of students with disabilities (SWDs), and how these SFP funds will aid in serving this population.

Section II. Targeted Group (5 Points)

Describe how many SWDs your organization plans to serve under this grant. Provide demographic information as possible.

Section III. Project Work Plan / Proposed Strategic Approach (30 Points)

Describe how your organization will implement the SFP grant funds. Include information on outreach to local schools to identify potential SWD participation and facilitate work permit collection for minors, your organization's strategy for implementing the Workplace Readiness

Training portion of this grant, and your strategy for implementing Paid Work Experience in coordination with the Foundation, as outlined in the SFP.

Section IV. Partnerships (20 Points)

Identify your organization's DOR representative. Identify potential local businesses that will participate in the work experience portion of this grant, and describe your organization's partnerships with the participating businesses. Identify local schools that are attended by your participating SWDs. Identify how the local Regional Center partnership has been developed to increase access for students with Intellectual/Development Disabilities.

Section V. Outputs and Outcomes (30 Points)

Please indicate expected outputs and outcomes for the grant period, including: number of SWDs served, type and amount of Workplace Readiness Training to be provided, number of local businesses to participate, hours of work experience provided, type and amount of coenrollments (i.e.: WIOA Title I and Title II co-enrollments) expected.

Section VI. Budget Worksheet (10 Points)

Grant amounts are calculated on a cost per SWD of \$5,000. The total amount requested must equal the number of students to be served multiplied by \$5,000. Use the budget table provided to outline anticipated project costs. Please read all instructions thoroughly and only use the line items outlined. Note: Any in-kind/co-enrollment costs expected, and additional program costs to be generated out of these grant activities can be indicated in the 'LWB/AJCC Leverage' column.

Number of students to be served	
Total amount requested	\$

Total amount requested					
Project Budget Needs	Amount Requested	LWB/AJCC Leverage			
1. PERSONNEL	1. PERSONNEL				
May be used for staff time spe	May be used for staff time spent working directly with students or businesses				
for purposes of developing work experience sites for students being served.					
No administrative costs are al	lowed under this grant.				
a. Salaries	\$	\$			
b. Fringe Benefits	\$	\$			
2. WORKPLACE READINESS TRAINING STIPEND (optional)					
Up to 40 hours of Workplace	Up to 40 hours of Workplace Readiness Training may be completed by each				
student. Awardees may choos	se to issue stipends or gi	ft cards to students for			
reimbursement. Note: Foundation does not issue stipends or gift cards and will					
not be providing employer-of-record services for this portion of the grant.					
a. Stipends	\$	\$			
3. WORK EXPERIENCE WAGES & TAXES (required)					
Calculate wages using number of students to be served, hourly rate to be paid,					
and number of hours to be worked per student. Estimate taxes at a 20% rate					
of the calculated wages. Ex: 50 students X 200 hrs. X \$14/hr = \$140,000					
wages; \$28,000 taxes					
 Must use applicable local minimum wage rate of worksite cities (CA min is \$14/hr) 					
Taxes will vary based on workers' compensation rate (actuals invoiced)					
a. Total Wages	\$	\$N/A			
b. Total Taxes (20%)	\$	\$N/A			
4. CAREER CATALYST FLAT FEE (required)					

Must calculate a \$600 flat fee for every \$5,000 requested for Foundation's employer-of-record services. Ex: If \$250,000 total grant funds requested, Career Catalyst Flat Fee = \$30,000.				
a. Flat Fee	\$	\$N/A		
5. TRAVEL				
Local travel costs associated with staff to travel for Work Experience coordination may be calculated in row 5a.				
a. Travel	\$	\$		
6. SUBCONTRACTOR (optional)				
<u>Instructions:</u> Subcontractors may be utilized to support direct services only.				
a. Subcontractor fees	\$	\$		
7. TOTAL	\$	\$		